

ENERGIZE MISSOURI INDUSTRIES

MISSOURI DEPARTMENT OF NATURAL RESOURCES



MISSOURI
DEPARTMENT OF
NATURAL RESOURCES



BEST PRICE 
Energy Efficiency

APPLICATION FORMS

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
STATE ENERGY PROGRAM

SUBMITTAL DEADLINE:

June 25, 2010

4:00 PM CDT

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENERGY
1101 RIVERSIDE DRIVE
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

FORM A - APPLICATION SUMMARY PAGE

Provider Information

Provider Name:		Contact Name:	
DUNS Number:		Title of Contact:	
FEIN Number:		Email Address:	
Mailing Address:		Telephone Number:	
City:		Fax Number:	
Zip Code + 4:			

Provider Profile

Type of Provider:	
Number of Employees:	
Headquarters Location (City, State):	

Signature

I hereby certify that I am authorized to submit this form and that the information presented in this form is true and accurate. In addition, I agree to abide by all the terms and conditions described in the Missouri Department of Natural Resources *Energize Missouri Industries* – Best-Price Energy Efficiency, pre-qualification form, and all supporting documents.

_____	_____	_____
Name	Signature	Date

Reserved for Missouri Department of Natural Resources Use

Date Received	Time Received	Proposal Number Assigned

FORM B - PROVIDER PRE-QUALIFICATIONS

Provider Background

Provide information on the provider's history, mission, number of employees, services and products offered. Answers are restricted to the space below.

FORM B - PROVIDER PRE-QUALIFICATIONS

Provider Background (continued)

Local Presence

Provide information on the provider's presence in the state of Missouri; include the location of office(s), the number of employees assigned to these offices and the nature of business performed at these sites.

FORM B - PROVIDER PRE-QUALIFICATIONS**Relevant Project Experience**

Provide a description of a minimum of three relevant projects to a maximum of five relevant projects, using the format below, that are similar to the scope of this program and demonstrate the provider's ability to meet the goals of the Best-Price Energy Efficiency Program as well as the stringent performance and reporting requirements of *Energize Missouri Industries*.

Client Name:	
Project Location:	
Services Provided:	
Project Start Date:	
Project Completion:	

Project Description:

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FORM B - PROVIDER PRE-QUALIFICATIONS

Key Personnel Experience

Provide documentation of all key personnel that will be assigned to this project and list any previous experience that qualifies these persons to perform work under *Energize Missouri Homes* by using the format below.

Name:	
Title:	
Years of Experience:	
Education (Degree/University/Year):	
Professional Licenses and Certifications:	

Project Experience:

FORM C - PROVIDER IMPLEMENTATION STRATEGY

Proposed Implementation Strategy

Provide a description of the provider's proposed implementation strategy for delivering targeted energy reductions. Identify the focus of potential projects, whether it is on one particular type of technology or several types of technologies; identify targeted industrial and/or commercial customers; describe projects that have already been identified; and provide any other relevant information. Answers are restricted to the space below.

FORM D - ACKNOWLEDGEMENT OF PROGRAM TERMS AND CONDITIONS**Program Requirements**

By submitting this application for pre-qualification to participate in the Best Price Energy Efficiency Program, I hereby certify my understanding and acknowledgment of the American Recovery and Reinvestment Act of 2009 (ARRA) Terms and Conditions relevant to this program and ensure compliance of all future undertakings funded by *Energize Missouri Industries*.

Program Terms and Conditions include, but are not limited to, the following:

- National Environmental Protection Act.
- National Historic Preservation Act.
- Buy American Act.
- Davis-Bacon Act for prevailing wage.

Signature

Date

Printed Name

Title